

WINTER 2016 ADULT ARENA SOCCER LEAGUE



PLEASE TYPE OR PRINT CLEARLY!! OFFICIAL ROSTER

NAME OF TEAM	LEAGUE:	Men's Open <i>MON</i>	Men's Rec TUES	Men's Open <i>WED</i> S	<u>Men's</u> Open <i>THUR</i>	<u>Coed</u> Open <i>FRI</i>
FEAM MANAGER		1621056A	1621056B	1621056C	1621056D	1621066C
ADDRESS		Pl	HONE (H)			
CITY	ZIP	Pl	HONE (W)			
		Pl	HONE (C)			
ASSISTANT TEAM MANAGER		Pl	HONE (H)			
REQUIRED E-MAIL ADDRESS		Pl	HONE (W)			
REPEAT TEAM NAME/TEAM MANAG	ER ON REVERSE SIDE	Pl	HONE (C)			
<u> </u>	ENTRY FEE: \$40	0.00				
CASH - CHECK	- DISCOVER - MA	ASTERO	CARD –	VISA		
		7 / / /	- /7/	7/7/	7	
	· Master			sa		
		_		Ju		
EXPIRATION DATE CARD HOLDER S	SIGNATURE					
MAKE CHECK	K PAYABLE TO THE CITY	OF HUNT	INGTON E	BEACH		
***All schedule char	nges and updat	tes wi	ll be s	ent by	, emai	***
ROSTER CHANGES (MAXIMUM OF 5 ADDIT	ΓΙΟΝS):					
NAME	ADDRESS	C	ITY	PHON	E BIRT	TH DATE
1.						
2.						
3.						
4.						
5.				•		
RECEIPT # DATE						
Refund Processed/Check Returned: Amount	Date		By _			

Registration Deadline: January 11, 2016

All games will be played at the Central Park Sports Complex, 18120 Goldenwest Street
If you have any questions, please contact Community Services Department at (714) 536-5486

SEE REVERSE SIDE*

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ASSISTANT TEAM MANAGER		PI	HONE (H)			
*REQUIRED E-MAIL ADDRESS		PI	HONE (W)			
REPEAT TEAM NAME/TEAM MANAGER ON REVERSE SIDE			HONE (C)			

All schedule changes and updates will be sent by email

	NAME	ADDRESS	CITY	PHONE	JERSEY NUMBER
1.					
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